

IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE

... Claimant

... Defendant

(For Personal Injury Claims)

1. Assessment of damages hearing no. () in respect of the present matter is to be heard before the Honourable Court on (date) at 9.30am / 2.30pm.
2. [By consent,]* interlocutory judgment was entered for the claimant for ()% of the damages to be assessed, leaving the issues of [causation]*, damages, interest and costs reserved to the Registrar on (date).
(*Delete where appropriate)
3. A summary of the claimant's profile is as follows:
 - (a) Date of accident:
 - (b) Gender of claimant:
 - (c) Claimant's age at time of accident:

(d) Claimant's occupation at time of accident:

(e) Claimant's income per month at time of accident:

(f) Claimant's present age:

(g) Claimant's present occupation:

(h) Claimant's present income per month:

4. A summary table of the parties' respective positions on quantum is annexed herewith as an "Annexure" to the opening statement.

5. Item number(s) () of the claimant's claim has/have been agreed between the parties.

Dated this ()

SOLICITORS FOR THE CLAIMANT

**SOLICITORS FOR THE DEFENDANT/
INTERVENER/ THIRD/ FOURTH PARTY
(Delete/Amend where necessary or mark as "N.A")**

ANNEXURE¹

<u>NO.</u>	<u>HEAD OF DAMAGES CLAIMED</u>	<u>CLAIMANT'S SUBMISSIONS ON QUANTUM</u>	<u>CLAIMANT'S EXPERT REPORT</u> <i>[Please include pg ref. from Bundle of Documents]</i>	<u>CLAIMANT'S DOCUMENTS IN SUPPORT</u> <i>[Please include pg ref. from Bundle of Documents]</i>	<u>DEFENDANT'S SUBMISSIONS ON QUANTUM</u>	<u>DEFENDANT'S EXPERT REPORT</u> <i>[Please include pg ref. from Bundle of Documents]</i>	<u>DEFENDANT'S DOCUMENTS IN SUPPORT</u> <i>[Please include pg ref. from Bundle of Documents]</i>
(I)	PAIN AND SUFFERING						
1	Nature of Injury	\$ Authorities: (1) Case Name Award Given (2) Case Name Award Given	1) Medical Report by Dr _____ Pg _____ 2) Medical Report by Dr _____ Pg _____	1) _____ Pg _____ 2) _____ Pg _____	\$ Authorities: (1) Case Name Award Given (2) Case Name Award Given	1) Medical Report by Dr _____ Pg _____ 2) Medical Report by Dr _____ Pg _____	1) _____ Pg _____ 2) _____ Pg _____

¹ Parties may modify the table above for the purposes of including the position(s) of additional parties in the action.

2	Nature of Injury	\$	1) Medical Report by Dr _____ Pg _____	1) _____ Pg _____	\$	1) Medical Report by Dr _____ Pg _____	1) _____ Pg _____
		<u>Authorities:</u> (1) Case Name Award Given	2) Medical Report by Dr _____ Pg _____	2) _____ Pg _____	<u>Authorities:</u> (1) Case Name Award Given	2) Medical Report by Dr _____ Pg _____	2) _____ Pg _____
		(2) Case Name Award Given			(2) Case Name Award Given		
3	Nature of Injury	\$	1) Medical Report by Dr _____ Pg _____	1) _____ Pg _____	\$	1) Medical Report by Dr _____ Pg _____	1) _____ Pg _____
		<u>Authorities:</u> (1) Case Name Award Given	2) Medical Report by Dr _____ Pg _____	2) _____ Pg _____	<u>Authorities:</u> (1) Case Name Award Given	2) Medical Report by Dr _____ Pg _____	2) _____ Pg _____
		(2) Case Name Award Given			(2) Case Name Award Given		

(II)	LOSS OF EARNING CAPACITY	<p>\$ _____</p> <p><u>Authorities:</u> (1) Case Name Award Given _____ Pg _____</p> <p>(2) Case Name Award Given _____ Pg _____</p>	<p>1) Medical Report by Dr _____ Pg _____</p> <p>2) Medical Report by Dr _____ Pg _____</p>	<p>1) _____ Pg _____</p> <p>2) _____ Pg _____</p>	<p>\$ _____</p> <p><u>Authorities:</u> (1) Case Name Award Given _____ Pg _____</p> <p>(2) Case Name Award Given _____ Pg _____</p>	<p>1) Medical Report by Dr _____ Pg _____</p> <p>2) Medical Report by Dr _____ Pg _____</p>	<p>1) _____ Pg _____</p> <p>2) _____ Pg _____</p>
(III)	LOSS OF FUTURE EARNINGS	<p>Multiplier: _____ years x Multiplicand: \$ _____ = \$ _____</p> <p><u>Authorities:</u> (1) Case Name Award Given _____ Pg _____</p> <p>(2) Case Name Award Given _____ Pg _____</p>	<p>1) Medical Report by Dr _____ Pg _____</p> <p>2) Medical Report by Dr _____ Pg _____</p>	<p>1) _____ Pg _____</p> <p>2) _____ Pg _____</p>	<p>Multiplier: _____ years x Multiplicand: \$ _____ = \$ _____</p> <p><u>Authorities:</u> (1) Case Name Award Given _____ Pg _____</p> <p>(2) Case Name Award Given _____ Pg _____</p>	<p>1) Medical Report by Dr _____ Pg _____</p> <p>2) Medical Report by Dr _____ Pg _____</p>	<p>1) _____ Pg _____</p> <p>2) _____ Pg _____</p>

(IV)	FUTURE MEDICAL EXPENSES & TREATME- NTS	\$	1) Medical Report by Dr _____ Pg _____ 2) Medical Report by Dr _____ Pg _____	1) _____ Pg _____ 2) _____ Pg _____	\$	1) Medical Report by Dr _____ Pg _____ 2) Medical Report by Dr _____ Pg _____	1) _____ Pg _____ 2) _____ Pg _____
(V)	OTHER ITEMS OF GENERAL DAMAGES [Includes Dependency Claims]	\$	1) Medical Report by Dr _____ Pg _____ 2) Medical Report by Dr _____ Pg _____	1) _____ Pg _____ 2) _____ Pg _____	\$	1) Medical Report by Dr _____ Pg _____ 2) Medical Report by Dr _____ Pg _____	1) _____ Pg _____ 2) _____ Pg _____

(VI)	SPECIAL DAMAGES						
1	Medical Expenses	\$		1) _____ Pg _____ 2) _____ Pg _____	\$		1) _____ Pg _____ 2) _____ Pg _____
2	Transport Expenses	\$		1) _____ Pg _____ 2) _____ Pg _____	\$		1) _____ Pg _____ 2) _____ Pg _____
3	Pre-Trial Loss of Earnings	\$_____ per month for _____ month = \$		1) _____ Pg _____ 2) _____ Pg _____	\$_____ per month for _____ month = \$		1) _____ Pg _____ 2) _____ Pg _____

4	Other items of Special Damages	\$		1) _____ Pg _____	\$		1) _____ Pg _____ _____
				2) _____ Pg _____			2) _____ Pg _____
	TOTAL	\$			\$		
	(at _____%)	\$ _____			\$ _____		